U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

ASSOC,

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name MORGAN

1. File Number U - 7505

3. Name and address of person filing.

ENSBERG

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2004

Name MAJGIC LEAGUE BASESALL PLAYERS

4. Name, file number, and address of labor organization.

Through: 12

C/O SFX SPORTS	Labor Organization File Number OGY-727
P.O. Box, Bidg., Room No., if any SUITE 704	P.O. Box, Building and Room Number, if any
Street 666 DUNDEE ROAD	Street 12 EAST 49 STREET
City NOCTHBROOK	City New YORK
State ILLINGUS ZIP Code +4 60067	State NGW YORK ZIP Code +4 10017
5. Position in labor organization.	an make and so the state of the
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclus	se or minor child directly or indirectly had any of the following interests ions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.	erived income or other economic benefit of n represents or is actively seeking to represent
A. Held an interest in, engaged in transactions (including loans) with, or demonstrary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	erived income or other economic benefit of n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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Name and address of Employer (including trade name, if any).	n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. EMPLOYEE EPROVING W-2 WAGES ONLY NO OTHER INTEREST TRANSPORTANT
6. Name and address of Employer (including trade name, if any). Name HOUSTON MCLANE	Tepresents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. EMPLOYEE EMPLOYEE EMPLOYEE ONLY NO OTHER INTEREST, TRANSPORTION OR INCOME WITH FROM EMPLOYEE.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Date

Telephone Number

Nan	ne of Person Filing	MORGAN	P. E	ENSBER	ଭ	File Number U-	
of an	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
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Name of Person Filling MORGAN P. ENSB	ERG	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name NIKE USA, INC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE BOWESTIN DRIVE City BERVERON State OREGEN ZIP Code + 4 97003	9. Business deals with: a. Labor Organizat b. Trust c. Employer 11.a. Nature of such dealir			
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Name of Person Filing MORGAM P. ENSBER	G	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name FRANKLIN SPORS, INC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street IT CAMPANELLI PARKWAY City STOUGHTON State MASSACHUSCTTS ZIP Code +4 02072	9. Business deals with: a. Labor Organizati b. Trust c. Employer	ion		
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Name of Person Filling MORGON P. ENSIBERG	File Number U-			
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8. Name and address of Business (including trade name, if any). Name ALLEN SAMUELS PODGE INC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ISIS SOUTH LOOP WEST City Houston State TEXAS ZIP Code +4 77057	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
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Name of Person Filing MORGAN P. ENSBERG	File Number U-
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State CALIFORNIA ZIP Code + 4 92008-6621 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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Name of Person Filing MORGAN P. E	ENSBERG	File Number U-		
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8. Name and address of Business (including trade name, if any). Name TR1 - STAR PRADUCTIONS Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 3/2 Street 4025 WILLOWSEND City HOUSTON State TEXAS ZIP Code + 4 77	a. Labor On b. Trust c. Employer	ganization		
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8. Name and address of Business (including trade name, if any). Name DONRUSS FLAYOFF, L. P. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2300 E. RANDOL MILL ROAD City ARLINGTON State TEARS ZIP Code +4 76011	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
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